



# Application for Employment

DEPARTMENT OF HUMAN RESOURCES  
Fauquier County Government & Public Schools

10 Hotel Street • Warrenton, Virginia 20186

## SUBSTITUTE APPLICATION

Phone: (540) 347-8668 Fax: (540) 347-3610

www.co.fauquier.va.us



The Fauquier County Government and Public Schools is an Equal Opportunity Employer and does not discriminate against employees or applicants for employment on the basis of race, color, religion, sex, national origin, citizenship, age, handicap or disability, marital status, sexual orientation or status as a Vietnam era or special disabled veteran, in accordance with applicable federal, state and local laws.

### PERSONAL DATA

1. Position applying for: \_\_\_\_\_
2. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last) (First) (M)
3. Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (County)
4. Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number)
5. Are you under 18 years of age? Yes ☐ No ☐ If yes, can you furnish a work permit? Yes ☐ No ☐
6. Are you eligible for employment in the U.S.? Yes ☐ No ☐ Date Application \_\_\_\_\_

**In order to receive full consideration, you MUST complete items 1-15**  
**You may enclose a resume for additional information.**

### 7. EDUCATION and TRAINING

	High School	College/University	Graduate/Professional
School Name and Address			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Degree Conferred + Date			
Was College/University accredited when you graduated?		Yes No	Yes No
Course of Study			

Special Qualifications (Include Active Technical/Professional Licenses and License Numbers, Academic or Professional Awards and Machine Skills): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clerical Skills: (Please indicate number of years experience in each category): ☐ Typing \_\_\_\_\_ wpm/Yrs. \_\_\_\_\_

☐ Calculator/Yrs. \_\_\_\_\_

☐ Word Processor/Yrs. \_\_\_\_\_

☐ Personal Computer/Yrs. \_\_\_\_\_

## EMPLOYMENT HISTORY

8. Starting with the most recent, describe ALL paid, military and applicable volunteer experience. Highlight your knowledge, skills and abilities which best describe your qualifications for this position. If more space is required, attach an additional sheet utilizing the same format. AN EXPLANATION OF ANY PERIOD OF UNEMPLOYMENT MUST BE INCLUDED in item #16.

May we contact employers listed below? ☐ Yes ☐ No If no, mark with an asterisk (\*) those you do not wish us to contact.

- A. DISMISSALS and/or FORCED RESIGNATIONS: Have you ever been dismissed or asked to resign from any position?

☐ Yes ☐ No If yes, explain further in item #16.

MUST BE COMPLETED

B. Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
Address \_\_\_\_\_ Hours Per Week/Annual Salary: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) you left, or would like to leave: \_\_\_\_\_

MUST BE COMPLETED

C. Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
Address \_\_\_\_\_ Hours Per Week/Annual Salary: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) you left, or would like to leave: \_\_\_\_\_

MUST BE COMPLETED

D. Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
Address \_\_\_\_\_ Hours Per Week/Annual Salary: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reasons(s) you left, or would like to leave: \_\_\_\_\_

MUST BE COMPLETED

E. Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
 Address \_\_\_\_\_ Hours Per Week/Annual Salary: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
 Briefly describe your position and duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason(s) you left, or would like to leave: \_\_\_\_\_

MUST BE COMPLETED

F. Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
 Address \_\_\_\_\_ Hours Per Week/Annual Salary: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
 Briefly describe your position and duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason(s) you left, or would like to leave: \_\_\_\_\_

### MILITARY SERVICE

9. Have you served in the U.S. Armed Forces? ☐ Yes ☐ No Branch of Service \_\_\_\_\_  
 Do you claim veterans preference? ☐ Yes ☐ No If yes, applicable certificate must be attached

### OTHER DATA

10. Have you ever been convicted of a law violation(s) including moving traffic violations, since your 18th birthday. Failure to provide information on ALL convictions could result in immediate dismissal.  
☐ Yes ☐ No  
 If yes, give data, place, charge, court, and fine or sentence of conviction in Item #16. A conviction will not necessarily be a bar from employment. This information will be considered in relation to specific job requirements.
11. Have you been convicted of any offense or found by any court of law to have engaged in any act involving the sexual molestation, physical or sexual abuse, or rape of a child? (If yes, explain in item #16.) ☐ Yes ☐ No
12. Have you ever been an employee of Fauquier County Government/Public Schools? ☐ Yes ☐ No  
 If yes, previous dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
 Position: \_\_\_\_\_ Department: \_\_\_\_\_
13. Do you have any relatives working for the Fauquier County Government/Public Schools? ☐ Yes ☐ No If yes, please list name, relationship, position and title in item #16.
14. Are you known to references by any other name? (including maiden name) ☐ Yes ☐ No  
 If yes, what name? \_\_\_\_\_

"Fauquier County Government/ Public Schools do not discriminate on the basis of race, color, national origin, sex, age, religion or handicap in its programs, activities, or employment practices as required by Title VI, Title IX, or section 504."

## REFERENCES

15. List three persons not related to you by blood or marriage who have not already been listed in the Employment History Section who can comment on your education and/or work experience.

Full Name	Complete Home Address	Occupation	Phone
1. _____	_____	_____	Office _____
_____	_____	_____	Home _____
2. _____	_____	_____	Office _____
_____	_____	_____	Home _____
3. _____	_____	_____	Office _____
_____	_____	_____	Home _____

## ADDITIONAL COMMENTS

16. If more space is required, attach an additional sheet utilizing the same format.

Question Number	Supporting Comments

## PRE-EMPLOYMENT STATEMENT

Applicant, please read and sign the statement below.

By my signature below, I certify that I have not withheld any information requested and that all the statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts, or omission of facts, on this application is sufficient cause for dismissal. I also authorize Fauquier County Government/Public Schools to verify statements made on this application by investigation as deemed advisable.

I further understand that any offer of employment I may receive from Fauquier County Government/Public Schools is contingent upon my successful completion of the total pre-employment screening process which may include such investigations as criminal or civil convictions, driving records, fingerprinting, previous employers and educational institutions, personal references, professional references and other appropriate sources. I agree to cooperate fully with such an investigation.

I waive my right of access to any personal or professional reference information that may be obtained as a result of this application. I, without limitation, hereby release Fauquier County Government/Public Schools and the reference source from any liability in connection with its release or use in connection with my application. This release includes the sources cited above and specifically information from: local, state, and federal law enforcement records, Central Criminal Records Exchange, Federal Bureau of Investigations, Child Abuse and Neglect Information System, federal, state or local social services or child welfare agencies with information regarding child abuse or neglect, sexual molestation or rape of a child. I understand that failure to cooperate with an investigation of my background, conducted according to Virginia law, may affect the consideration of my application.

I understand that any offer of employment is contingent on my providing documents and signing forms that demonstrate and certify my eligibility to work in the United States in compliance with the Immigration Reform and Control Act of 1986.

In addition, I further understand that nothing contained in this employment application or in Fauquier County Government/Public Schools Personnel Policies or in the granting of an interview is intended to create an employment contract between the Fauquier County Government/Public Schools and me for either employment or the providing of any benefit. No promises regarding employment have been made to me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(NOTE: UNSIGNED APPLICATIONS MAY BE REJECTED WITHOUT FURTHER NOTICE)

## AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT-DO NOT COMPLETE THIS SECTION

FOR OFFICE USE ONLY		
<input type="checkbox"/> Interviewed	<input type="checkbox"/> Offer extended but rejected	<input type="checkbox"/> Offer extended and accepted
Evaluation form attached		PAN form attached